PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

234028

CLAIMS AS FILED - PART I									SMALL ENTITY				OTHE	OTHER THAN	
FOR NUMBER FILED					(Column 2) NUMBER EXTRA			TYPE -			OF		L ENTITY		
			NOMB	EN FILEL	, 	NUMBER	EXIHA	4	RATE		FEE]③	RATE	FEE	
BASIC FEE								3	30. 0 0	OF	1	760.00			
T	OTAL CLAIMS								X\$ 9=		1	OF	X\$18=		
INDEPENDENT CLAIMS 3 = * /								X39=			OR	X78=	1		
MULTIPLE DEPENDENT CLAIM PRESENT] [+130=	╁		OR		†	
* If the difference in column 1 is less than zero, enter "0" in column 2								_ [TOTAL	忕		OR		 	
CLAIMS AS AMENDED - PART II												_			
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						_	SMALL	ENT	ПΥ	OR		R THAN ENTITY			
AMENDMENT A		REM/	AINING TER DMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIC	DI- NAL EE		RATE	ADDI- TIONAL FEE	
	Total -	<u> -</u>		Minus	••		=		X\$ 9=			OR	X\$18=		
A	Independent FIRST PRESE	+ ENTATIO	N OF MI	Minus JLTIPLE DI	PEND		=		X39=			OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=			OR	+260=		
								A	TOTAL DDIT. FEE			OR	TOTAL ADDIT. FEE		
_		(Colu	mn 1)			olumn 2)	(Column 3)				-				
MCN! D			INING TER		PR	HIGHEST NUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	AD TIOI FE	NAL		RATE	ADDI- TIONAL FEE	
MENUMEN	Total	• 15		Minus		20	2		X\$ 9=			OR	X\$18=		
7 h	Independent FIRST PRESE	NTATION		Minus	PEND	3	= /		X39=0	40		OR	X78=	•	
			101 1110	ETT LE DE	PENU	ENT CLAIM				, ,	- 00	"			
			•			•		Ľ	+130=			OR	+260=		
				,				AD	TOTAL DIT. FEE			OR A	TOTAL DDIT. FEE		
T		(Colur					(Column 3)								
		REMAI AFTI AMEND	NING ER	-	PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADE TION FEI	AL		RATE	ADDI- TIONAL	
	Total	•		Minus	-		=	Ι,	K\$ 9=			ŀ	7010	FEE	
		*		Minus	***		=	-			– '	DR L	X\$18=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								X39=			OR L	X78=		
H t	he entry in colum	ın 1 is less	than th	entry in colu	mn 2. w	rite "0" in colu	mn 3	Ŀ	130=			OR	+260=		
-11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid Fir" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, entire "3."								TOTAL OIT. FEE			R.	TOTAL DDIT. FEE		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															

PATENT APPLICATION EE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

09/234028

CLAIMS AS FILED - PART I								SMALL E	NTITY	-	OTHER THAN	
F	OTAL CLAIMS	,	(Column 1) (Column 2)			ımn 2)	TYPE			OR	SMALL ENTITY	
L	OTAL CLAIMS	-			4.			RATE	FEE	7	RATE	FEE
F	OR		NUMBER FILED		NUMBER EXTRA			BASIC FEI	370.00	OR	BASIC FEE	740.00
T	OTAL CHARGE	ABLE CLAIMS	15 minus 20=		* 20			X\$ 9=		OR	X\$18=	
<u> </u>	DEPENDENT C			ninus 3 =	* 4			X42=	 	OR	X84=	
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT				Ì	+140=		1	.000	
*	f the difference	e in column 1 is	less than z	ero, enter	"0" in c	column 2	L	TOTAL	<u> </u>	OR	+280= TOTAL	
λ		CLAIMS AS A	MENDED - PART II					TOTAL	Ļ	OR		T1144
1		(Column 1)		(Colun	nn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT &		REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
END	Total	* 15	Minus	** 20)	= Ø		X\$ 9=		ÓR	X\$18=	·
AM		FIRST PRESENTATION OF MU		Minus *** (-8		X42=		OR	X84=	
				CROCKI	CLAIN			+140=.		OR	+280=	
							L	TOTAL DDIT. FEE			TOTAL ADDIT. FEE	
	The state of the s	(Column 1)		(Colum	nn 2)	(Column 3)	,,	DDM: 1 EE 1			ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	Į.	X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	LI IPLE DEI	PENDENT	CLAIM		r	.140	e	ľ		
							L	+140= TOTAL		OR	+280=	
										OR A	TOTAL DDIT. FEE	
	To a Review	(Column 1) CLAIMS		(Colum HIGHE		(Column 3)	<u> </u>					
AMENDMENTC		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
N N	Independent		Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									\rac{1}{r}		
* If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+280=	
***	the Highest Nur f the "Highest Nur	nber Previously Pai nber Previously Pai	d For" IN THI: d For" IN THI	S SPACE is I S SPACE is I	ess than	20, enter "20."		TOTAL DIT. FEE			TOTAL DDIT. FEE	
T	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											